

REGISTERED ENVIRONMENTAL HEALTH SPECIALIST BIENNIAL RENEWAL APPLICATION

Make corrections as necessary:

Mail to:
Department of Health Services
EHS Registration Program,
PO Box 997413 MS 7404
Sacramento, California 95899-7413

REHS Number:
Amount Due: \$ 92.00
After February 2, 2004: \$138.00
Retired/Inactive Status: \$ 25.00

Amount enclosed: _____

1. Name – Last		First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. address				
3. City			4. State	
6. Zip Code.	7. telephone-work		8. telephone-home	
9. Birthdate: FOR ID Purposes Only	10. Job Title			
11. Employer				
OPTIONAL EH Director When? Where?		Master's/Doctoral Degree		Updated (program use)

If you are retired and wish to maintain your registration as inactive/retired status you must meet all three requirements:

1. You are over 50 years old or collecting retirement benefits.
2. You have worked in California as an REHS for at least 10 years or received on the job disabilities before the 10 years elapsed.
3. You currently are NOT employed in a position that requires registration.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION ON THIS RENEWAL FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

signature

FOR CASHIER'S USE *Environmental Health Specialist Registration Fund No. 335; 81215-4405-125600*